Practice-Based Evidence for an Agency-Developed Treatment Foster Care Model

Amy Strickler, Ph.D.
Cha-Tanya Lankford, LCSW
Objectives

Overview of PR-TFC Model

Application of Trauma-Informed Care within Model

Model’s Outcomes and Published Research
OVERVIEW OF PRESSLEY RIDGE’S TREATMENT FOSTER CARE MODEL (PR-TFC)
Service History & Philosophy

- Rise of TFC as alternative
- Over 30 years continuous operation
- **Primary focus of intervention:**
  - Approaches to behavior management
  - Intensive supervision/support
  - Therapeutic relationships
- Replication – 9 states
- Manualized with fidelity measurements
- Practice-based Evidence

- Developed in 1981
- Previously known as Pressley Ridge Youth Development Extension (PRYDE)
- Influenced by the work of Nicholas Hobb’s Re-Education Philosophy
Becoming an Evidence-Based Program

Develop a strong program design
- Create
- Logic model
- Replication materials
- Evaluate program’s quality and process
- Establish continuous improvement system

Ensure fidelity and quality of implementation

Conduct pre & post-intervention evaluation

Produce indications of positive outcomes

Carry out evaluation with a comparison group (i.e., quasi-experimental design)
- Conduct regression analysis
- Perform multiple pre- and post-evaluations (time series design)
- Conduct meta-analysis of various studies

Obtain evidence of positive program outcomes

Carry out multiple evaluations with strong comparison group (i.e., quasi-experimental design)

Attain strong evidence of positive program outcomes
Practice-Based Evidence

Incorporation of Information from Real-World Practice

Evidence from Research Studies

Practice Based Evidence (PBE)

Community Consensus

California Evidence-Based Clearinghouse, 2017
Essential Components

• PR’s TFC program is based upon the belief that treatment for youth can be more effective when it takes place in natural environments.

<table>
<thead>
<tr>
<th>Underlying Theories</th>
<th>Underlying Beliefs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Learning Theory</td>
<td>Treatment Parent as Change Agent</td>
</tr>
<tr>
<td>Behaviorism</td>
<td>Children’s Behavior can Change</td>
</tr>
<tr>
<td>Working Alliance</td>
<td>Treatment Parent teach youth skills necessary for effective living</td>
</tr>
</tbody>
</table>
Essential Components

• Treatment parents implement the treatment plan and teach skills to youth with emotional and behavioral issues

• Treatment parents complete a Log of Daily Events (LODE) that provides tracking of:
  – youth’s progress on goals
  – educational & community activities
  – positive and negative behaviors
  – the parents’ signs of stress including difficulty coping with youth
Core Tenants of PR-TFC Philosophy

<table>
<thead>
<tr>
<th>Tenant</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth</td>
<td>Youth are more healthy than ill and their problems are as much in their environments as in themselves.</td>
</tr>
<tr>
<td>Family</td>
<td>The primacy of family, significance of biological families and the importance of parent-youth attachment drives treatment and reinforces permanency needs.</td>
</tr>
<tr>
<td>Teaching</td>
<td>Youth should be taught as opposed to “treated” with a focus on learning rather than fundamental personality change.</td>
</tr>
<tr>
<td>Ecology</td>
<td>The emphasis of treatment is on the youth’s total social system; their ecology.</td>
</tr>
</tbody>
</table>
Delaware TFC Program

- FY2017 Program Demographics:
  - 127 youth served
IRL TFC Program Example

• Service philosophy & core tenants
Trauma-Informed Care in PR-TFC

**ACKNOWLEDGE**

Understand trauma has an impact on people’s lives

**SCREEN**

Use trauma screenings within 30 days of entry into programs

**RECOMMEND**

Ensure youth with trauma symptoms are receiving trauma-focused therapy

**TRAIN**

Provide staff & treatment parents with strategies and techniques to address complex needs of youth with trauma histories
Treatment of Trauma

1. Staff trained in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
2. Select group of therapists certified as TF-CBT therapists
3. Internal support & consultation from Clinical Directors
4. External case consultation with TF-CBT developers
Trauma Screening & Symptomology

• Trauma Exposure Checklist & Child PTSD Symptom Scale (CPSS; Foa, Johnson, Feeny & Treadwell, 2001)
  – Assesses the severity of post-traumatic stress disorder among children and adolescents, ages 8 to 18
  – 32 items and includes two parts:
    • 15 items measure the type and frequency of PTSD symptoms
    • 17 items measure the degree of functional impairment these symptoms cause
Prevalence of Trauma Experiences

(*N* = 344)

<table>
<thead>
<tr>
<th>Traumatic Event</th>
<th>% of Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witness of Domestic Violence</td>
<td>48%</td>
</tr>
<tr>
<td>Physical Abuse by Family Member</td>
<td>40%</td>
</tr>
<tr>
<td>Witness of Community Violence</td>
<td>33%</td>
</tr>
<tr>
<td>Grief &amp; Loss: Someone close dying</td>
<td>33%</td>
</tr>
<tr>
<td>Serious accident or injury</td>
<td>30%</td>
</tr>
<tr>
<td>Physical Abuse by Other</td>
<td>27%</td>
</tr>
<tr>
<td>Sexual exploitation</td>
<td>22%</td>
</tr>
<tr>
<td>Other stressful or scary event</td>
<td>19%</td>
</tr>
<tr>
<td>Seeing someone hurt</td>
<td>18%</td>
</tr>
<tr>
<td>Natural disaster</td>
<td>15%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>14%</td>
</tr>
<tr>
<td>Stressful or scary medical procedure</td>
<td>14%</td>
</tr>
<tr>
<td>Attacked, stabbed, shot at, or hurt badly</td>
<td>9%</td>
</tr>
<tr>
<td>Robbed by threat, force, or weapon</td>
<td>4%</td>
</tr>
<tr>
<td>Being around war</td>
<td>1%</td>
</tr>
</tbody>
</table>
Trauma Symptomology & Outcomes

• Symptomology: \((N = 278)\)

<table>
<thead>
<tr>
<th>Average Total Score at Intake</th>
<th>% Indicating Presence of PTSD (Total scores 12 and higher)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.79</td>
<td>35%</td>
</tr>
</tbody>
</table>

• Improvement at Discharge: \((N = 25)\)

<table>
<thead>
<tr>
<th>Average Total Score at Discharge</th>
<th>% Experiencing Improvement in Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.32</td>
<td>70%</td>
</tr>
</tbody>
</table>
IRL TFC Program Example

- Infusing trauma-informed care into everyday practice
Delaware Outcomes

<table>
<thead>
<tr>
<th>Live Well</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Live with family or independently</td>
<td>80%</td>
</tr>
<tr>
<td>Enjoy a close family</td>
<td>100%</td>
</tr>
<tr>
<td>Have caring supports in the community</td>
<td>96%</td>
</tr>
<tr>
<td>Free from abuse &amp; neglect at follow up</td>
<td>94%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do Well</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Show positive change &amp; growth</td>
<td>61%</td>
</tr>
<tr>
<td>Dealing with problems</td>
<td>92%</td>
</tr>
<tr>
<td>Taking care of own needs</td>
<td>96%</td>
</tr>
<tr>
<td>Are free from drugs &amp; alcohol at follow up</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Learn Well</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending school or graduated</td>
<td>93%</td>
</tr>
<tr>
<td>Receiving passing grades in school at follow up</td>
<td>83%</td>
</tr>
<tr>
<td>Have job ready skills at follow up</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Satisfaction**

96% of youth and families are satisfied with the services they received from Pressley Ridge.
Overall Profile of Youth in TFC Level of Care

- Child and Adolescent Functional Assessment Scale (CAFAS) score of 100 or greater
- Youth at risk for residential placement or hospitalization or needs step-down from those levels of care.
- Severe emotional or behavioral disturbances with DSM-V diagnosis.
- Youth with multiple system involvement

Trunzo, Bishop-Fitzpatrick, Jung, Nam, Strickler & Doncaster, 2012
PR-TFC Research

• Retrospective pre-post analysis of youth who discharged over a 3 year period (N = 612)
• Youth enrolled in PR-TFC programs significantly improved in functioning from entry to discharge

Bishop-Fitzpatrick, Jung, Nam, Trunzo, & Rauktis, 2014

<table>
<thead>
<tr>
<th>Path</th>
<th>B</th>
<th>β</th>
<th>SE</th>
<th>Z</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAFAS at discharge ← Days in treatment ← Age</td>
<td>1.880*</td>
<td>.074*</td>
<td>0.450</td>
<td>4.17</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>CAFAS at discharge ← Days in treatment ← CAFAS at entry</td>
<td>0.041*</td>
<td>.035*</td>
<td>0.018</td>
<td>2.29</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>CAFAS at discharge ← Days in treatment ← Race</td>
<td>−0.026*</td>
<td>−.028*</td>
<td>1.050</td>
<td>−2.24</td>
<td>&lt;.05</td>
</tr>
</tbody>
</table>
Impact of Foster Parent Trainings

Foster Parent Training Outcomes

- Permanency
- Foster Parent Satisfaction
- Licensing Rates
- Placement Stability
- Foster Parent Retention

Piescher, Schmidt, & LaLiberte, FFTA, 2008
PR-TFC Pre-Service Training

• Designed to teach treatment parents how to implement:
  – Behavioral plans
  – Parenting techniques
  – Measureable treatment goals

• Intended Outcomes:
  – Knowledge of youth’s behavior and parenting techniques
  – Skill in handling youth’s emotional and behavioral issues
  – Ability to handle the roles and responsibilities of being a treatment parent
About PR-TFC Pre-Service Curriculum

01 Flexible
Modular design allows for customization

02 Adaptable
Applicable to any program theory

03 Sustainable
Uses a train the trainer model

04 Manualized
Structured presentations, activities, and skill practice sessions

05 Evaluated
Fidelity scale for monitoring and outcome assessments
PR-TFC Pre-Service Topic Areas

- Conflict Resolution
- Professional Parenting Roles
- Child Development & Mental Health
- Developing Healthy Relationships
- Skill Teaching
- Therapeutic Communication
- Understanding & Managing Crisis
- Understanding & Changing Behavior
IRL TFC Program Example

• Pre-service trainings and their impact on treatment parents
PR-TFC Pre-Service Training Research

- Quasi-experimental study
- Compared PR-TFC pre-service training to MAPP

Significant Change in Two Parenting Constructs

4 Times More Likely to Become Certified

Strickler, Trunzo, & Kaelin, 2017
PR-TFC Pre-Service Training Research

- Longitudinal study
- Examined PR-TFC pre-service training outcomes over time
- Compared PR-TFC sample to a normed sample of foster parents

Significant Change in Dedication to Fostering Over Time

PR-TFC Parents Significantly More Dedicated than Foster Parents

Strickler, Mihalo, Celedonia, & Kaelin, under review
PR-TFC PROGRAM EVALUATION & FIDELITY MONITORING
QI Process

Clinical Staff
- Administer assessments
- Enter assessments into E.H.R.

Power Users
- Extract admit and discharge data from E.H.R.
- Enter data on performance dashboard

Organizational Performance Department
- Analyze customer satisfaction data
- Analyze standardized assessments
- Enter data on performance dashboards

Performance Dashboards
- Each program has a performance dashboard
- Other support departments enter data into dashboards
QI Structure

- Program Review
- Regional Review
- QI Meeting
- Staff Level Review

QI FLOW
# PR-TFC Performance Dashboard

## Discharge Performance Card

**How We Measure Success for Children & Families**

<table>
<thead>
<tr>
<th>Program: TFC</th>
<th>Information for Each Quarter</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Live Well</strong></td>
<td>Live with family or independently</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enjoy a close family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have a community mentor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Do Well</strong></td>
<td>Show positive change &amp; growth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dealing with problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Taking care of own needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Learn Well</strong></td>
<td>Learned life skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Attending school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annual Social Impact Report

Opportunity for Social Impact

In fiscal year 2017, Pressley Ridge served over 7,300 youth, families, and adults throughout Pennsylvania, West Virginia, Virginia, Ohio, Maryland, and Delaware in residential treatment, treatment foster care, outpatient, educational, and community based programs. The primary focus of our programs is helping to alleviate youth problem behaviors and teach valuable life skills, however the youth’s family is also a focus because permanence is the ultimate measure of success. We have a long history of tracking performance outcomes and using data to ensure we deliver high quality programming that enables all youth and families to live well, learn well, and do well as a result of our therapeutic interventions.

Outcome Goal Areas

FY2017 Demographics

<table>
<thead>
<tr>
<th>Community Based</th>
<th>Treatment Foster Care</th>
<th>Residential Treatment</th>
<th>Education Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,873 Individuals</td>
<td>362 Youth</td>
<td>157 Youth</td>
<td>1,079 Students</td>
</tr>
<tr>
<td>Average Age: 14.5 years</td>
<td>Average Age: 11.2 years</td>
<td>Average Age: 14.7 months</td>
<td>Average Age: 13.6 years</td>
</tr>
<tr>
<td>Average LOS: 10.4 months</td>
<td>Average LOS: 14.7 months</td>
<td>Average LOS: 6.3 months</td>
<td>Average LOS: 6.3 months</td>
</tr>
<tr>
<td>61% White</td>
<td>53% White</td>
<td>62% White</td>
<td>61% White</td>
</tr>
<tr>
<td>35% Male</td>
<td>37% Male</td>
<td>38% Male</td>
<td>39% Male</td>
</tr>
</tbody>
</table>

Social Impact Achieved

Below are summaries of key measures that Pressley Ridge tracks to demonstrate progress and to document effectiveness of services.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Community Based</th>
<th>Treatment Foster Care</th>
<th>Residential Treatment</th>
<th>Education Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live Well</td>
<td>Live with family or independently</td>
<td>88%</td>
<td>69%</td>
<td>67%</td>
</tr>
<tr>
<td></td>
<td>Enjoy a close family</td>
<td>88%</td>
<td>86%</td>
<td>94%</td>
</tr>
<tr>
<td></td>
<td>Have a support system</td>
<td>93%</td>
<td>92%</td>
<td>99%</td>
</tr>
<tr>
<td>Do Well</td>
<td>Show positive change &amp; growth</td>
<td>76%</td>
<td>67%</td>
<td>88%</td>
</tr>
<tr>
<td></td>
<td>Dealing with problems</td>
<td>94%</td>
<td>88%</td>
<td>96%</td>
</tr>
<tr>
<td></td>
<td>Taking care of own needs</td>
<td>93%</td>
<td>90%</td>
<td>93%</td>
</tr>
<tr>
<td>Learn Well</td>
<td>Attending school or graduated</td>
<td>94%</td>
<td>92%</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>Learned life skills</td>
<td>90%</td>
<td>90%</td>
<td>100%</td>
</tr>
</tbody>
</table>
PR-TFC Quarterly Fidelity Review

Assessment & Treatment Planning
- Ecological Assessment & Treatment Planning
- Bio-Family as part of Team
- Trauma-Focused

Service Provision: Approach
- Eco-systemic
- Action-Orientation
- Working Alliance

Service Provision: Intervention
- Structured and Agenda Directed Sessions
- Log of Daily Events
- Behavior Management
TFC Program Level Fidelity Review

• Assesses adherence to model components:

1. System Support
2. Training
3. Assessment & Tx Planning
4. Approach
5. Intervention
TFC Program Level Fidelity Results

- System Support: 78% (FY2015), 80% (FY2017)
- Training: 83% (FY2015), 85% (FY2017)
- Assessment & Tx Planning: 73% (FY2015), 89% (FY2017)
- Approach: 73% (FY2015), 82% (FY2017)
- Intervention: 71% (FY2015), 83% (FY2017)

(FY2015: N = 10 programs, FY2017: N = 13 programs)
# TFC Program Level Fidelity Results

- What areas do we need to learn more about the core components of our model?

<table>
<thead>
<tr>
<th>Domain</th>
<th>At or Below 75%</th>
<th>Highest Rated Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Support</td>
<td>Training- Staff (58%)</td>
<td>Staff, Training: T. Parent, &amp; Recruitment/Retention (92%)</td>
</tr>
<tr>
<td>Training</td>
<td>Trainers (50%)</td>
<td>Trainer Experience &amp; Training Materials (100%)</td>
</tr>
<tr>
<td></td>
<td>Homework (73%)</td>
<td></td>
</tr>
<tr>
<td>Assessment &amp; Treatment Planning</td>
<td>N/A</td>
<td>Trauma-Focused (94%)</td>
</tr>
<tr>
<td>Approach</td>
<td>Action-Orientation (75%)</td>
<td>Therapeutic Alliance (87%)</td>
</tr>
<tr>
<td>Intervention</td>
<td>LODES (75%)</td>
<td>Permanency Planning (90%)</td>
</tr>
</tbody>
</table>
Treatment Parent Fidelity Review

N=17

5 Domains

Max Score is 4.00

Overall Competency: 3.29

Parenting Responsibilities: 3.31

Direct Treatment & Parenting: 3.28

Family Environment: 3.28

Administration: 3.33

Relationship with Youth: 3.28
IRL TFC Program Example

• Use of dashboards and fidelity results
PR-TFC TREATMENT PARENT SATISFACTION & RETENTION
Treatment Parent Satisfaction & Retention

- 94% Youth Satisfaction
- 92% Foster Parent Satisfaction
- 79% Stakeholder Satisfaction
- 79% Collect Satisfaction Information
- 7% Standardized Instrument

Dore, 2010
Standardized Surveys

• Valid, reliable, & research-based tools to measure satisfaction exist but...
  – They are all focused on measuring client or foster parent satisfaction
  – None to measure *treatment* foster parent satisfaction
Methodology

Foster Parent Satisfaction Data, Literature Review, Focus Groups & Statistical Analysis

Treatment Foster Parent Satisfaction Survey (TFP-SS)
Exploratory Factor Analysis Results

- Professional Parenting Role
  (10 Items, α=.910)

- Treatment Foster Parent Efficacy
  (6 Items; α=.829)

- Support from Staff
  (6 Items, α=.820)

- Quality of Training
  (3 Items, α=.758)

Treatment Foster Parent Satisfaction Survey (TFP-SS)

Mihalo, Strickler, Triplett & Trunzo, 2017
Logistic Regression Results

Overall Satisfaction
- Support from Staff (Odds Ratio: 1.2)
- Professional Parenting Role (Odds Ratio: 0.9)

Intent to Continue
- Support from Staff (Odds Ratio: 1.2)
- Treatment Foster Parent Efficacy (Odds Ratio: 1.0)

Intent to Refer
- Support from Staff (Odds Ratio: 1.2)
- Professional Parenting Role (Odds Ratio: 1.0)

Mihalo, Strickler, Triplett & Trunzo, 2017
Factors in Foster Parent Retention

- Role Clarity
- Open & Honest Communication
- Physical & Emotional Availability
- Opportunities to Provide & Receive Feedback

Rhodes, Orme, & Buehler, 2001
Employee Performance Evaluation Outcomes in Other Fields

Anitha, 2014; Tinofirei, 2011
Goals of New Performance Evaluation

- Incorporate Treatment Parent Feedback
- Use Positively Worded Competency Statement
- Focus on Retention & Support
New Performance Evaluation

Feedback about Pressley Ridge

Treatment Parent Competencies

Pressley Ridge & State Requirements

Scoring & Bonus Summary

Comments & Professional Development Goal
Stay Interviews ➔ Alliance Building

- Structured Conversation
- Gathers Information
- Identifies Needs
- Conveys Appreciation

North Carolina Division of Social Services (2009)
Stay Interview Questions

1. Based on your experiences in the past year, what have you learned about yourself?
2. What talents or skills would you like to develop more?
3. In the past year, what has been the most rewarding for you as a treatment parent?
4. How can we support you as a treatment parent?
5. What influences your decision to continue as a treatment parent in the next year?
Treatment Parent Performance Evaluation Study

TFC Programs

New Performance Evaluation

Past Performance Evaluation

Complete Surveys

Complete Surveys

Compare Results
Results:
Treatment Parent Feedback

<table>
<thead>
<tr>
<th>Transparency</th>
<th>Clear</th>
<th>Effective</th>
<th>Objective</th>
<th>Subjective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Eval (n = 31)</td>
<td>4.87 4.92</td>
<td>4.97 5.08</td>
<td>4.97 5.22</td>
<td>4.92 5.03</td>
</tr>
<tr>
<td>New Eval (n = 39)</td>
<td>5.02 5.23</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Past Eval (n = 31)
New Eval (n = 39)
Results:
Staff Feedback

<table>
<thead>
<tr>
<th>Transparent</th>
<th>Clear</th>
<th>Effective</th>
<th>Objective</th>
<th>Subjective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Eval (n = 25)</td>
<td>New Eval (n = 61)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.32</td>
<td>4.77</td>
<td>4.96</td>
<td>4.98</td>
<td>5.25</td>
</tr>
</tbody>
</table>

\( p < .001 \)
IRL TFC Program Example

• Use of treatment parent satisfaction and performance evaluations
Re-cap of PR-TFC’s EBP Progress

PR-TFC Model

- Ensure fidelity and quality of implementation
- Conduct pre & post-intervention evaluation

PR-TFC Pre-Service

- Produce indications of positive outcomes
- Obtain evidence of positive program outcomes

Attain strong evidence of positive program outcomes

- Conduct evaluation with random assignment (i.e., experimental design)
- Conduct multiple evaluations with strong comparison group (i.e., quasi-experimental design)

Develop a strong program design

- Create
  - Logic model
  - Replication materials
- Evaluate program’s quality and process
- Establish continuous improvement system
Questions?
Contacts & Websites

Your Presenters:
Amy Strickler
astrickler@pressleyridge.org

Cha-Tanya Lankford
clankford@pressleyridge.org

Websites:
Pressley Ridge: www.pressleyridge.org
Social Research & Innovation Center: www.pressleyridge.org/social-research-and-innovation-center.html
Publications about PR-TFC